

EXHIBIT A



815 Commerce Dr, Suite 270
Oak Brook, IL 60523-8852
Phone: (630) 528-5304
Fax: (800) 485-0207

Pay Online: <https://www.clientaccessweb.com/NCC/payments>



March 5, 2019

GINA ALLENDE
3836 W MOUNT VERNON AVE
MILWAUKEE WI 53208-3721

Client Name: SIXTEENTH STREET CHC, INC.
Patient Name: Allende, Gina L
Record ID: [REDACTED]
Amount Due: \$159.99

NOTICE OF COLLECTION
OUR CLIENT'S RECORDS INDICATE
THE AMOUNT DUE IS NOW YOUR RESPONSIBILITY.
WE OFFER SEVERAL PAYMENT OPTIONS

Payment options include: Visa, MasterCard, Check By Phone, or a payment can be mailed using the payment stub on the bottom of this notice. Please include your Record ID on all checks and correspondence. You may also pay your account online by visiting <https://www.clientaccessweb.com/NCC/payments> and entering Record ID: 774.

You may have additional accounts placed for collection with our agency. If you would like to discuss this matter with your account representative, we are available to assist you. When calling regarding your account, please refer to Record ID: 774.

Thank You,

Nationwide Credit & Collection, Inc.

**NOTICE PURSUANT TO THE FAIR DEBT COLLECTION PRACTICES ACT
(FDCPA)
15 USCA 1692**

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

This collection agency is licensed by the Division of Banking in the Wisconsin Department of Financial Institutions, www.wdfi.org

SEE REVERSE SIDE FOR STATEMENT INFORMATION

Please note: For multiple accounts, payments are applied to the oldest accounts first when not specified.

If you have already paid, please notify our office either by phone, fax, or mail and provide the following information: Account Number(s) Paid, Date Paid, Amount Paid, Check Number, Copy of your Money Order, or a Copy of the EOB (Explanation of Benefits) from your Insurance Company.

***** COMPLETE AND RETURN THIS FORM TO OUR OFFICE WITH YOUR PAYMENT *****

1070-10010-06/16/17

Y22B743925



PO Box 505
Linden MI 48451-0505
RETURN SERVICE REQUESTED

March 5, 2019

Phone: (630) 528-5304



0026020024010823068953208372136—Y22B743925 1670

10010 - 1670
GINA ALLENDE
3836 W MOUNT VERNON AVE
MILWAUKEE WI 53208-3721



IF YOU WISH TO PAY BY CREDIT CARD, CIRCLE ONE AND FILL IN THE INFORMATION BELOW.



CARD NUMBER	EXP. DATE
CARD HOLDER NAME	CVV
SIGNATURE	AMOUNT PAID

IF THIS PAYMENT IS FROM AN FSA ACCOUNT PLEASE CHECK HERE: ☐

Client: SIXTEENTH STREET CHC, INC.

Guarantor: GINA ALLENDE

Patient Name: Allende, Gina L

Record ID: [REDACTED]

Amount Due: \$159.99

Make Payable and Remit payment stub to:

Nationwide Credit & Collection
c/o Evergreen Bank Group
PO Box 3219
Oak Brook IL 60522-3219

STATEMENT OF ACCOUNT

SIXTEENTH STREET CHC, INC.
Record ID: 774

ACCOUNT BALANCE

<u>NCC File #</u>	<u>Account #</u>	<u>Date of Service</u>	<u>Facility Name</u>	<u>Provider's Name</u>	<u>Balance</u>
████1904	██████████	8182/02/2018			\$159.99

Total Amount Due: \$159.99